2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P04000095133

Entity Name: M THREE OF POLK COUNTY, INC.

Current Principal Place of Business:

ONE IMPERIAL DR
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

PO BOX 463
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-1334899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEF, FRANK J III
442 W KENNEDY BLVD STE 340
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHAI ( ) Delete
Name: MURRAY, ALICE M
Address: 36549 LAUREL OAK LN
City-St-Zip: DADE CITY, FL 33525

Title: PRES ( ) Delete
Name: MORGAN, CATHY M
Address: 36821 LAUREL OAK LN
City-St-Zip: DADE CITY, FL 33525

Title: S/T ( ) Delete
Name: MURRAY, KIMBERLY A
Address: 36549 LAUREL OAK LN
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change ( ) Addition
Name: MURRAY, ALICE M
Address: 36549 LAUREL OAKS LN
City-St-Zip: DADE CITY, FL 33525

Title: PRES (X) Change ( ) Addition
Name: MORGAN, CATHY M
Address: 36821 LAUREL OAKS LN
City-St-Zip: DADE CITY, FL 33525

Title: S/T (X) Change ( ) Addition
Name: MURRAY, KIMBERLY A
Address: 36549 LAUREL OAKS LN
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY M MORGAN PRES 01/04/2007

Electronic Signature of Signing Officer or Director Date